

Foster Family Home - Corrective Action Report

Provider ID: 1-560202

Home Name: Florencia Jose, CNA

Review ID: 1-560202-9

1027 Pulaa Lane

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 12/9/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 1/8/2021

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)

8.(a)(2)

HHM#3 and HHM#4 do not have APS/CAN/Fingerprint

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

HHM# 3 and #4 do not have privacy training

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2)
CG#4 CNA lapsed 2/29/2020

41.(b)(7)
CG#1 TB lapsed 8/22/19 last done
CG#2.TB lapsed 5/22/19 last done
CG#3 TB lapsed 10/10/19 last done

HHM#3 and HHM#4 do not have any TB on record.

41.(c)
CG#1 only has 8 hours of annual training on record for 2020

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire
No Fire drills documented for CCFFH or any SCG for 2019 or 2020.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

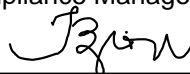
Comment:

54.(c)(2)
No recent Service Plan for Client #2 last service plan is dated 2018.

54.(c)(5)
Client #2 and Client #3 last medication administration record entry is 11/18/2020. No December records for either.



Compliance Manager



Primary Care Giver

12/9/2020

Date

12/9/2020

Date